APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying

officer before opening the campaign account.	OFFICE USE ONLY	
1, CHECK APPROPRIATE BOX(ES):		
<u> </u>	Treasurer/Deputy Depository Office Party	
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code)	
RILITARIO WIVE COMPOSITION		
4. Telephone 5. E-mail address	ALEQUAL EN SODIA	
(954) 8954832 RICH. AB @ HOTEMAN	· ·	
6. Office sought (include district, circuit, group number)	7. If a candidate for a nonpartisan office, check if	
CITY COMMISSIONER SENT #	applicable:	
	My intent is to run as a Write-In candidate.	
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a		
☐ Write-In ☒ No Party Affiliation ☐	Party candidate.	
9. I have appointed the following person to act as my 💢 Campaign Treasurer 🔲 Deputy Treasurer		
10. Name of Treasurer or Deputy Treasurer		
PHILBERTHILL MOTO		
11. Mailing Address	12. Telephone	
1860 N PINE FSLANDR	D. SUITEID 7 ()	
13. City 14. County 15. Sta		
PLANTATION BROWARD FL 33322		
18. I have designated the following bank as my		
19. Name of Bank	20. Address P.O. BD2 5094	
TD BANK ROBOX 5094	MT. LAUREL NJ 08054	
21. City 22. County	23. State 24. Zip Code	
MT. LAUREL	NJ. 08064	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.		
25. Date	26. Signature of Candidate	
11/28/16	x Klung	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)		
, thilbert HILLIMAN	, do hereby accept the appointment	
(Please Print or Type Name)		
designated above as: Campaign Treasurer	Deputy Trees arer.	
11.28.16 X	A A	
Date	Signature of Cambaian Treasurer or Deputy Treasurer	

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.	OFFICE USE ONL'	
1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change:	reasurer/Deputy ☐ Depository ☐ Office ☐ Part	
2. Name of Candidate (in this order: First, Middle, Last)	3. Address (include post office box or street, city, state, zip code) 4425 NW 65 TERR	
4. Telephone 5. E-mail address (954) 8 95483) RICH AB CHOTMAIL	CAUDERHILL PL83819	
6. Office sought (include district, circuit, group number) CITY COMMISSIONER SEAT	7. If a candidate for a <u>nonpartisan</u> office, check if	
8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a		
Write-In No Party Affiliation	Party candidate.	
9. I have appointed the following person to act as my	Campaign Treasurer Deputy Treasurer	
10. Name of Treasurer or Deputy Treasurer		
11. Mailing Address	12. Telephone	
4425 NW 65 TER	(954) 8954832	
13. City 14. County 15. Ste WARDERHIN BROWARD P	ate 16. Zip Code 17. E-mail address	
18. I have designated the following bank as my	Primary Depository Secondary Depository	
19. Name of Bank	20. Address P.O. BOX 50 94	
21. City 22. County	23. State 24. Zip Code	
MT. LAUREL	N2 68 02A	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.		
25. Date	26. Signature of Candidate	
11/28/16	x kenn	
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)		
I, RICHARD CONTROL , do hereby accept the appointment (Please Print or Type Name)		
designated above as: Campaign Treasurer	Deputy Treasurer.	
11/28/14 X	Signature of Campaign Treasurer or Deputy Treasurer	